App	lication	or Docket	Numbo
, <b>4</b> P	cation	OI DOCKEL	ixumnei

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

		CLAIMS A	· · · · · · ·		•			SMALL E	ENTITY		OTHE	R THAN
(Column 1) (Column 2)								TYPE			OR SMALL ENTITY	
TOTAL CLAIMS		1			·		RATE	FEE	7	RATE	FEE	
FOR .		NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			1 mi	7 minus 20= *				XS 9=		OR	X\$18=	
INDEPENDENT CLAIMS			η minus 3 = *		*	<del> </del>		X4'3=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OR			
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR		7	
	C	CLAIMS AS A	MENDE			L	<b>_</b>	•	THAN			
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* ENTATION OF M	Minus	***	<u> </u>	=		X43=		OR	X86=	
	FINOT PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM			+145=		OR	+290=	
							L	TOTAL	- ·		TOTAL	
		(Column 1)		(Colum	ın 2\	(Column 3)	F	ADDIT. FEE		<b>]</b>	ADDIT. FEE	
m		CLAIMS		HIGHE	ST .	(Column 3)	ı		ADDI-	1 1		4 D D I
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOI PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		= ,	F	X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT (	CLAIM		┞					
				•			L	+145=		OR	+290=	•
								TOTAL DDIT. FEE		OR ,	TOTAL ADDIT, FEE	
		(Column 1)		(Columi	n 2)	(Column 3)		· ·			·	
<b>5</b>		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE: NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	1	=	-	X43=			X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	CLAIM		-	7,102	——	OR	700=	
* If	the entry in colum	nn 1 is less than the		- O			L	+145=		OR	+290=	
** 14	the "Lieback ti	mbar Oraviavalv Dei	enuy in coiun	III Z, WITTE	) ILI COIR	mn 3.		TOTAL		<u>-</u>	TOTAL	
11	the "Highest Nur	nber Previously Painber Previously Pa ber Previously Paid ber Previously Paid	id For IN THIS	SPACE is I	ess than	3 enter "3 " -		DIT. FEE			DOIT. FEE L	